

ATTACHMENT # 6

Oklahoma City Primary Care Physician Roster and Maps

Detailed Roster of Network Primary Care Physicians
OKLAHOMA CITY

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Column #1		Column #2			Column #3			Column #4		Column #5	Column #6	Column #7	Column #8	Column #9	Column #10	Column #11
Physician Name	Address				Family Practitioner	General Practitioner	Pediatrician	General Internist	Contract or LOI	Board Eligible/Board Certified (Yes/No)	Potential Number of Enrollees	Traditional Provider (Yes/No)	Number of Non-physician Providers and/or Medical Residents	Admitting privileges at health plan hospital (Yes/No)	Languages Spoken other than English	Medicaid Provider Number
ALMAD, W. MD	1211 N. SHONTEL, STE 800, OKLAHOMA CITY								LOI	YES	4000	YES		YES		U5086814894
ALDER, J. MD	800 NE 13TH, OKLAHOMA CITY							X	LOI	YES		NO		YES		U4434299087
ANDREWS, D. MD	800 NE 13TH, OKLAHOMA CITY							X	LOI	YES		NO		YES		U4520687799
BAKER, L. MD	800 NE 13TH, OKLAHOMA CITY								LOI	YES		NO		YES		F5107202715
BARRETT, J. MD	800 NE 13TH, OKLAHOMA CITY				X				LOI	YES		NO		YES		U4435432349
BERNARD, M. MD	800 NE 13TH, OKLAHOMA CITY								LOI	YES		NO		YES		U4415671171
BIRDWELL, B. MD	800 NE 13TH, OKLAHOMA CITY							X	LOI	YES		NO		YES		U1124811829
BLACKETT, P. MD	800 NE 13TH, OKLAHOMA CITY							X	LOI	YES		NO		YES		
BLACKSTOCK, R. MD	800 NE 13TH, OKLAHOMA CITY								LOI	YES		NO		YES		
BLEVINS, S. MD	800 NE 13TH, OKLAHOMA CITY							X	LOI	YES		NO		YES		U4558445672
BLUE, B. MD	6922 S. WESTERN, OKLAHOMA CITY				X				LOI	YES		YES		YES		5850750696
BRAND, J. MD	800 NE 13TH, OKLAHOMA CITY				X				LOI	YES		YES		YES		F4466090164
GATES, M. MD	722 AIR DEPOT BLVD, MIDWEST CITY				X				LOI	YES		NO		YES		
CHAUDRY, S. MD	4609 NORTH CLASSEN, OKLAHOMA CITY				X				LOI	YES	300	NO		YES		
CHO, S. MD	711 S.L. YOUNG #619, OKLAHOMA CITY							X	LOI	YES		NO		YES		2766888121
COMP, P. MD	800 NE 13TH, OKLAHOMA CITY				X				LOI	YES	800	NO		YES		5466345691
CONADY, R. MD	1524 NW 122ND, OKLAHOMA CITY							X	LOI	YES		NO		YES		U5344296595
CONE, R. MD	1212 S. DOUGLAS BLVD, MIDWEST CITY				X				LOI	YES		NO		YES		
CONIGLIONE, T. MD	1000 NORTH LE, OKLAHOMA CITY				X				LOI	YES	300	NO		YES		4460437221
CORDER, C. MD	3220 NW 18TH ST, OKLAHOMA CITY							X	LOI	YES		NO		YES		1233078781
COUCH, J. MD	8315 SOUTH WALKER, OKLAHOMA CITY							X	LOI	NO	300	NO		YES		
COUSSONS, H. MD	800 NE 13TH, OKLAHOMA CITY				X				LOI	YES		NO		YES		
COUSSONS, R. MD	800 NE 13TH, OKLAHOMA CITY						X		LOI	YES		NO		YES		U4424239325
CULBERSTON, J. MD	800 NE 13TH, OKLAHOMA CITY							X	LOI	YES		NO		YES		U4483696282
DANIELS, B. MD	4200 SOUTH DOUGLAS AVE #101, OKLAHOMA CITY								LOI	YES		NO		YES		Y2237268636
DANIELS, R. MD	1212 S. DOUGLAS BLVD, MIDWEST CITY				X			X	LOI	YES		NO		YES		4463663716
DECK, L. MD	4200 W. MEMORIAL #208, OKLAHOMA CITY								LOI	YES	50	NO		YES		4445496854
DEHART, R. MD	800 NE 13TH, OKLAHOMA CITY				X			X	LOI	YES		NO		YES		F4125499574
DIMICK, S. MD	711 S.L. YOUNG #501, OKLAHOMA CITY								LOI	YES	50	NO		YES		
DIMSKI, R. MD	1212 S. DOUGLAS BLVD, MIDWEST CITY				X				LOI	YES	50	NO		YES		4436605661
DUBOIS, P. MD	800 NE 13TH, OKLAHOMA CITY								LOI	YES		NO		YES		F4474410008
ELBERT, J. MD	800 NE 13TH, OKLAHOMA CITY				X				LOI	YES		NO		YES		
ENGLES, C. MD	4901 S. PENNSYLVANIA, OKLAHOMA CITY						X		LOI	YES	1000	NO		YES		
FANNING, J. MD	500 SW 5TH ST STE 110, MOORE				X				LOI	NO	1000	NO		YES		
FANNING, K. MD	500 SW 5TH ST STE 110, MOORE								LOI	NO	1000	NO		YES		
FETT, W. MD	500 SW 5TH ST, STE 110, MOORE							X	LOI	YES	1000	NO		YES		
FRANZ, R. MD	4221 S. WESTERN AVE STE 3030, OKLAHOMA CITY				X				LOI	NO	1000	YES		YES		
GESSOUROUN, M. MD	800 NE 13TH, OKLAHOMA CITY							X	LOI	YES		NO		YES		U2146812078

Detailed Roster of Network Primary Care Physicians
OKLAHOMA CITY

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Physician Name	Address	Check one			Contract or LOI	Board Eligible/ Board Certified (Yes/No)	Potential Number of Enrollees	Traditional Provider (Yes/No)	Number of Non- physician Providers and/or Medical Residents	Admitting privileges at health plan hospital (Yes/No)	Languages Spoken other than English	Medicaid Provider Number	
		Family Practitioner	General Practitioner	General Internist									
GOODMON, R. MD	2519 SW 59TH, OKLAHOMA CITY	X			LOI	NO	8000	YES		YES		498053560	
GRAY, B. MD	800 NE 13TH, OKLAHOMA CITY		X		LOI	YES		NO		YES		U5465083186	
GRUNOW, J. MD	800 NE 13TH, OKLAHOMA CITY			X	LOI	YES		NO		YES		U4567881280	
GURWITCH, R. MD	800 NE 13TH, OKLAHOMA CITY		X		LOI	YES		NO		YES		Y1236804233	
HADDOCK, J. MD	231 EAST GRAY, NORMAN, OK	X			LOI	NO	1000	YES		YES		4413071424	
HARMON, S. MD	711 S.L. YOUNG #406, OKLAHOMA CITY			X	LOI	YES	300	NO		YES			
HINES, P. MD	800 NE 13TH, OKLAHOMA CITY		X		LOI	YES		NO		YES		U3005833868	
HINKLE, R. MD	1032 S. DOUGLAS, MIDWEST CITY				LOI	NO		YES		YES		4487834157	
JACKSON, A. MD	800 NE 13TH, OKLAHOMA CITY	X			LOI	YES		NO		YES		F47554340819	
JACKSON, D. MD	800 NE 13TH, OKLAHOMA CITY	X			LOI	YES		NO		YES		U4120227970	
JACKSON, R. MD	800 NE 13TH, OKLAHOMA CITY		X		LOI	YES		NO		YES		U4407695212	
JOHNSON, J. MD	400 NORTH BRYANT, EDMOND	X			LOI	NO	300	NO		YES			
JOHNSON, M. MD	711 S.L. YOUNG #406, OKLAHOMA CITY			X	LOI	YES	300	NO		YES			
JONES, T. MD	804 NE 23RD ST. MOORE	X			LOI	YES	300	NO		YES		44468645848	
KEM, D. MD	800 NE 13TH, OKLAHOMA CITY			X	LOI	YES		NO		YES		U3103485637	
KHANNA, S. MD	800 NE 13TH, OKLAHOMA CITY			X	LOI	YES		NO		YES		U4470289638	
KHANNA, V. MD	800 NE 13TH, OKLAHOMA CITY				LOI	YES		NO		YES		U4470289646	
KING, K. DO	6922 S. WESTERN STE 101, OKLAHOMA CITY	X			LOI	YES	5000	YES		YES		5154661086	
KITTREDGE, D. MD	800 NE 13TH, OKLAHOMA CITY		X		LOI	YES		NO		YES		U0133678052	
KUHLS, T. MD	800 NE 13TH, OKLAHOMA CITY	X			LOI	YES		NO		YES		U1344896956	
LAWLER, F. MD	800 NE 13TH, OKLAHOMA CITY	X			LOI	YES		YES		YES		F5017459751	
LEBOVITZ, D. MD	800 NE 13TH, OKLAHOMA CITY		X		LOI	YES		NO		YES		U2399672567	
LERA, T. MD	800 NE 13TH, OKLAHOMA CITY			X	LOI	YES		YES		YES		U4589695295	
LIMBAUGH, M. MD	1220 S. SANTA FE AVE, EDMOND	X			LOI	NO	200	YES		YES		4550427785	
LO, P. DO	1506 S. AGNEW AVE, OKLAHOMA CITY	X			LOI	YES	750	YES		YES		3116850694	
LOEMKER, V. ME	800 NE 13TH ST, OKLAHOMA CITY	X			LOI	YES		NO		YES		F5250664737	
LUCIO, L. MD	800 NE 13TH, OKLAHOMA CITY			X	LOI	YES	1000	NO		YES		U5261765564	
MAGNUSON, J. DO	4901 S. PENNSYLVANIA, OKLAHOMA CITY	X			LOI	YES		NO		YES		U4456405117	
MARSHALL, C. MD	800 NE 13TH, OKLAHOMA CITY		X		LOI	YES		NO		YES		U4414487843	
MCCAFFREE, M. MD	800 NE 13TH, OKLAHOMA CITY	X			LOI	YES		YES		YES		U4413636556	
MCKEE, P. MD	800 NE 13TH, OKLAHOMA CITY		X		LOI	YES	300	NO		YES			
MCLEOD, W. MD	2216 MARTIN LUTHER KING AVE, OKLAHOMA CITY	X			LOI	YES		YES		YES		F4466048550	
MITCHELL, L. MD	800 NE 13TH, OKLAHOMA CITY	X			LOI	YES		NO		YES		U6271856355	
MOHR, J. MD	800 NE 13TH, OKLAHOMA CITY		X		LOI	YES		NO		YES		F2457833390	
MOLD, J. MD	800 NE 13TH, OKLAHOMA CITY	X			LOI	YES		NO		YES		4485038251	
MOODY, J. DO	8105 NW EXPRESSWAY, OKLAHOMA CITY	X			LOI	NO		YES		YES			
MORGAN, M. MD	4221 S. WESTERN AVE, STE 3030, OKLAHOMA CITY	X			LOI	YES	1000	NO		YES			
NEHLS, M. MD	800 NE 13TH, OKLAHOMA CITY		X		LOI	YES		YES		YES		U4445462112	

Detailed Roster of Network Primary Care Physicians
OKLAHOMA CITY

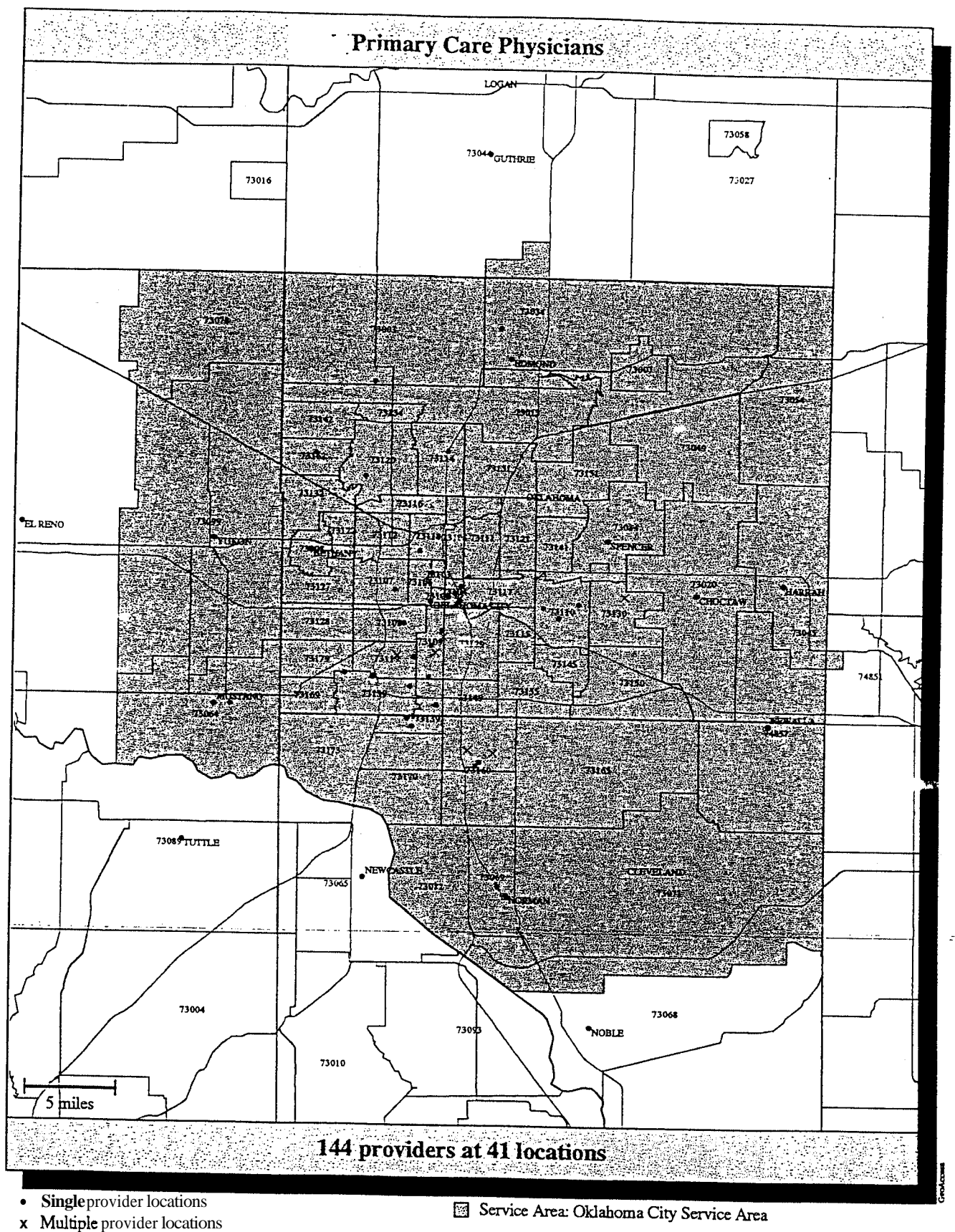
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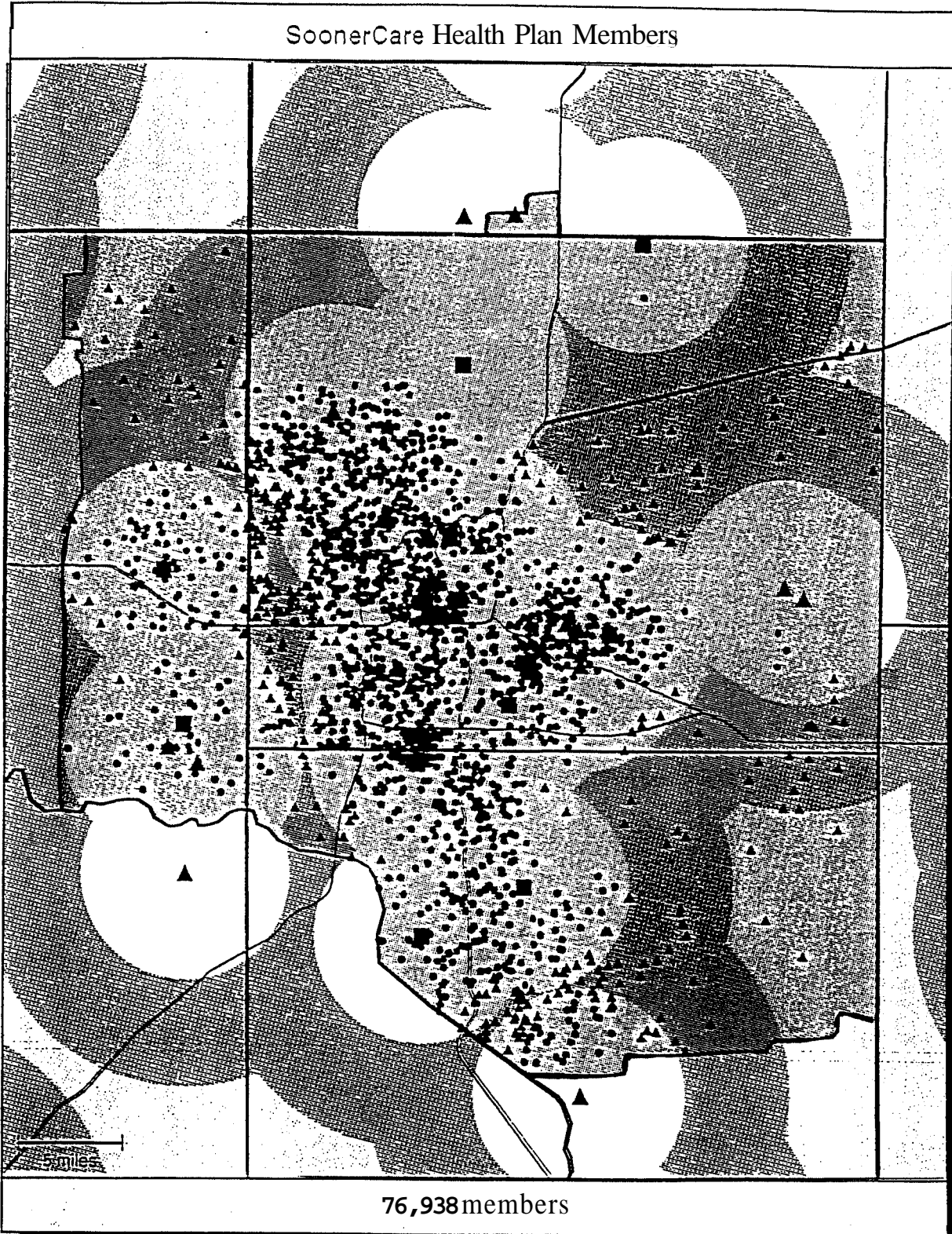
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		Family Practitioner	General Practitioner	Pediatrician	General Internist								
NITSCHKE, R. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		NO		YES		U3503604852
OLANSKY, L. MD	800 NE 13TH, OKLAHOMA CITY				X	LOI	YES		NO		YES		U2547415976
OVERHOLT, E. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		NO		YES		U4485417794
OWEN, L. MD	711 S. L. YOUNG, #406, OKLAHOMA CITY					LOI	YES	300	NO		YES		
OWENS, T. MD	800 NE 13TH, OKLAHOMA CITY					LOI	YES		NO		YES		F4466800970
PARKHURST, J. MD	800 NE 13TH, OKLAHOMA CITY	X				LOI	YES		NO		YES		F4466800970
PEDERSON, J. MD	800 NE 13TH, OKLAHOMA CITY		X			LOI	YES		NO		YES		U4487479370
POPE, W. MD	6824 W. WESTERN, OKLAHOMA CITY				X	LOI	YES		NO		YES		U4703866897
PULS, J. MD	800 NE 13TH, OKLAHOMA CITY	X				LOI	YES		NO		YES		
RAPACZ, J. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		YES		YES		U4435470984
RAZOOK, J. MD	1212 S. DOUGLAS BLVD, MIDWEST CITY					LOI	YES	300	NO		YES		F0114085913
REICHLIN, M. MD	800 NE 13TH, OKLAHOMA CITY	X				LOI	YES		NO		YES		U4423611060
REILLY, K. MD	800 NE 13TH, OKLAHOMA CITY				X	LOI	YES		NO		YES		U2962660593
REITIG, P. MD	800 NE 13TH, OKLAHOMA CITY	X				LOI	YES		NO		YES		F0114085913
REYES DE LA ROCHA, D. MD	800 NE 13TH, OKLAHOMA CITY		X			LOI	YES		NO		YES		U413823642
ROOT, P. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		NO		YES		
ROZIN, L. MD	800 NE 13TH, OKLAHOMA CITY	X				LOI	YES		NO		YES		F4466800970
SAN JOAQUIN, V. MD	5808 SOUTH PENNSYLVANIA, OKLAHOMA CITY	X				LOI	NO	1000	YES		YES		962038170
SARALE, D. MD	800 NE 13TH, OKLAHOMA CITY		X			LOI	YES		NO		YES		U3955640685
SCHMIDT, J. MD	800 NE 13TH, OKLAHOMA CITY		X			LOI	YES		NO		YES		U4467265849
SCHOELEN, S. MD	800 NE 13TH, OKLAHOMA CITY				X	LOI	YES		NO		YES		U4484631833
SCHWARTZ, M. MD	804 NE 23RD, MOORE	X				LOI	NO		NO		YES		
SCHWIEBERT, P. MD	711 S.L. YOUNG #310, OKLAHOMA CITY	X				LOI	NO	300	NO		YES		
SCOTT, D. MD	800 NE 13TH, OKLAHOMA CITY	X				LOI	YES		YES		YES		F3334091147
SEKAR, K. MD	800 NE 13TH, OKLAHOMA CITY		X			LOI	YES		NO		YES		
SEXAUER, C. MD	800 NE 13TH, OKLAHOMA CITY		X			LOI	YES		YES		YES		U5368055158
SHAKIR, S. MD	800 NE 13TH, OKLAHOMA CITY		X			LOI	YES		NO		YES		U4884251752
SHAW, R. MD	637 E. HWY 152, MUSTANG			X		LOI	YES	200	YES		YES		4408004406
SHAW, R. MD	4221 S. WESTERN AVE, STE 3010, OKLAHOMA CITY				X	LOI	YES	1000	NO		YES		
SHELDON, R. MD	800 NE 13TH, OKLAHOMA CITY		X			LOI	YES		YES		YES		U3433413119
SHISSLER, E. MD	800 NE 13TH, OKLAHOMA CITY		X			LOI	YES		NO		YES		U2002477634
SIDDIQUE, N. MD	800 NE 13TH, OKLAHOMA CITY		X			LOI	YES		NO		YES		U2285747234
SINGH, I. MD	1601 SW 89TH, BLDG D, STE 200, OKLAHOMA CITY			X		LOI	YES		YES		YES		J7311663645
SMITH, K. MD	800 NE 13TH, OKLAHOMA CITY					LOI	YES	700	YES		YES		F4623707361
SPENCER, T. MD	1530 SW 89TH ST STE A1, OKLAHOMA CITY	X				LOI	YES		YES		YES		4505242289
SROUJI, E. MD	800 NE 13TH, OKLAHOMA CITY		X			LOI	YES		NO		YES		U1693286296
STANFORD, K. MD	800 NE 13TH, OKLAHOMA CITY		X			LOI	YES		YES		YES		U4562558361
STANFORD, R. MD	800 NE 13TH, OKLAHOMA CITY		X			LOI	YES		NO		YES		U4580233740
STEELE, M. MD	800 NE 13TH, OKLAHOMA CITY		X			LOI	YES		NO		YES		U4647530066

Detailed Roster of Network Primary Care Physicians
OKLAHOMA CITY

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		Family Practitioner	General Practitioner	Pediatrician	General Internist								
STEIN, J. MD	800 NE 13TH, OKLAHOMA CITY				X	LOI	YES	1000	NO		YES		U4105049381
STUBBLEFIELD, W. MD	4221 S. WESTERN AVE STE 3030, OKLAHOMA CITY	X				LOI	NO		YES		YES		U4404085003
STUENKY, J. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		YES		YES		U4226666675
STULL, T. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		NO		YES		U0594604224
TARPAY, M. MD	800 NE 13TH, OKLAHOMA CITY				X	LOI	YES		NO		YES		U1135240182
TAYLOR-ALBERT, E. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		NO		YES		U1324403021
THOMPSON, R. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		YES		YES		U2242621449
THOMPSON, W. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		NO		YES		U2652435587
THURMAN, W. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		NO		YES		U5492136148
TOUBAS, P. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		YES		YES		U1135240182
TYSON, E. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		YES		YES		U2652435587
VANATTA, J. MD	700 NE 13TH, OKLAHOMA CITY			X		LOI	YES		NO		YES		U4607887106
VENKATARAMEN, P. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		NO		YES		U1135240182
WACK, M. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		YES		YES		U1095408803
WARD, K. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		NO		YES		U2726603533
WELCH, M. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		NO		YES		U4669016529
WENZ, J. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		NO		YES		U3893479329
WHEELER, S. MD	4901 S. PENNSYLVANIA, OKLAHOMA CITY	X				LOI	YES		NO		YES		U5074271594
WHITSETT, T. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	NO	1000	NO		YES		U4443434907
WIESNER, E. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		YES		YES		U5157858499
WILEY, R. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		NO		YES		U4654399245
WILLIS, D. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		NO		YES		Y4423680966
WILSON, W. MD	500 SW 5TH ST, STE 110, MOORE	X				LOI	NO	1000	NO		YES		U5277048591
WINE, J. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		NO		YES		F4438437519
WINN, P. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		NO		YES		U2074817974
WLODAVER, A. MD	800 NE 13TH, OKLAHOMA CITY	X				LOI	YES		NO		YES		U4453435000
WORLEY, J. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		NO		YES		U4638883298
WORLD, C. MD	800 NE 13TH, OKLAHOMA CITY			X		LOI	YES		NO		YES		F5850426628
YOUNG, R. MD	4221 S. WESTERN AVE, STE 3030, OKLAHOMA CITY	X				LOI	NO	1000	NO		YES		
ZUBLAIDE, J. MD	800 NE 13TH, OKLAHOMA CITY	X				LOI	YES		YES		YES		





- Member with access (67,639)
- ▲ Member without access (9,299)

ProviderGroup: Primary Care Physicians (274)
Access Standard: 1 provider within 5 miles
■ Service Area: Oklahoma City Medicaid

Primary Care Physicians
provider locations

- ▲ Single provider locations
- Multiple provider locations

- 5 mile radius
- 10 mile radius
- 15 mile radius

ATTACHMENT # 7

Coopers & Lybrand Letter

April 3, 1995

Mr. John Calabro
Chief Information Officer
Oklahoma Health Care Authority
4545 N. Lincoln, Suite 177
Oklahoma City, OK 73105

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Dear John:

Re: Capitation Methodology

The contracting method that will be used by Oklahoma to determine capitation payments will allow Oklahoma to assure that total payments will remain under the anticipated fee-for-service equivalent cost of providing services to an actuarially comparable population. In addition, the rates were designed to assure that payments will not be below those required by an efficiently run managed care organization to provide services to a Medicaid population.

Description of Methods

As the actuarial consultant engaged by the Oklahoma Health Care Authority to develop the maximum and minimum payment rates for the capitated program, we undertook the following analysis:

- Data for the two year time period of July 1992 through June 1994 was provided by OHCA staff that reported actual payments subset by eligible group, age group, geographic area and service category.
- Data on the number of months of eligibility for the same time period and eligible groups was also provided.
- Claims payments were divided between services that would be included in the capitated arrangement and those that would continue to be paid on a fee-for-service basis.
- Claims incurred during the period of time when Medicaid recipients are not expected to be enrolled in capitated health plans were excluded from the calculation and the number of member months of eligibility was also adjusted to reflect only the time period that would be covered by the capitation contract.

- Trend rates were calculated and applied based on changes in the cost per person per month during the data period and expected changes in costs per person per month during the proposed contract period.
- **An** adjustment was made to the data to reflect the nominal amount of claims that are estimated to be Incurred But Not Reported.
- Adjustments were made for significant policy changes taking place in Oklahoma.

The result of these steps was a calculation of the estimated fee-for-service equivalent cost of providing services in the geographic areas that will be covered by the capitated contracts. A number of additional adjustments are then made to the data to reflect differences in proposed payment arrangements for specific providers. In particular, adjustments will be made to the allowable capitation rate for the University hospitals and clinics to recognize the unique nature of the services provided. Another adjustment is made to reflect special adjustments for Federally Qualified Health Centers and Rural Health Centers. The net total of these adjustments is 2.3% of the statewide average FFSE.

The next step in the process of developing the upper and lower payment ranges for each of the rate cells is a calculation of potential managed care savings. In all cases, the net effect of the managed care savings assumptions is a total per capita cost estimate that is below the FFSE. The lower boundary of the potential rate ranges represents our best estimate of the maximum savings that can be achieved by health plans in the different geographic areas. The upper boundary of the rate ranges represent the minimum potential savings based on the experience of managed care plans in different states. The weighted average reduction in capitation payments compared to the FFSE for the lower boundary of the rate ranges is 19.7%. The weighted average reduction in capitation payments compared to the FFSE for the upper boundary of the rate ranges is **4%**. The upper payment limit is further reduced by the **2.3%** necessary to fund the special payments to the University hospitals and clinics and FQHCs/RHCs. We understand that the State will increase the upper boundary to recognize the 2.5% premium taxes that will be required of the health plans under state insurance law. Therefore, the minimum savings available to the State if all health plans contract at the upper end of the allowable rate ranges is 1.5%.

We understand that the State intends to contract only with health plans that have a history of being profitable and that can be expected to remain viable providers over the long run. No health plan will be paid a capitation rate below the Lower Payment Limit, as this rate is considered to represent the maximum expected level of managed care savings based on the experience managed Medicaid programs in other states.

Negotiation Process

Health plans will submit bids to the state with incentives to submit lower capitation rates to acquire increased market share. Health plans with the lowest capitation rates, as determined through a three-step negotiation process and the initial and final bid prices, will be allocated a

disproportionately high share of enrollees. No health plan will be paid a capitation rate that is above the upper boundary or below the lower boundary of the payment ranges. **As** a result, the State will be assured of both remaining within the FFSE maximum and of obtaining at least a minimum level of savings.

These methods for developing maximum and minimum capitation payments, which are based on historical fee-for-service payments, are consistent with those used in other states. The negotiated rates allow the Oklahoma to realize additional savings if health plans believe they are able to provide services at lower rates or wish to offer more competitive rates to the State for other reasons and have the financial resources available to do so.

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Please call me at 415/957-3330 if you have any questions regarding the methods used for developing the fee-for-service equivalent cost or the upper and lower limits of the rate ranges.

Sincerely,



Sandra S. Hunt
Senior Consultant

ATTACHMENT # 8

Prepaid Benefits Package for MCOs

PREPAID BENEFITS PACKAGE

COVERED SERVICES	SCOPE OF BENEFITS* **
Inpatient Hospital Care	As needed, based on medical necessity with authorization by a health plan physician.
Outpatient Hospital Services	As needed, based on medical necessity with authorization by a health plan physician.
Physician Services	As needed, based on medical necessity with specialty services obtained on the referral of the primary care physician.
Family Planning Services	Adolescent and adult. Contraceptive medical visits, family planning education and counseling, birth control methods ordered at a family planning visit. Tubal ligation for recipients age 21 or over, following federal guidelines with federally-mandated consent forms.
Prescription Drugs	Therapeutic, non-cosmetic prescriptions covered when prescribed by a health plan physician (generic substitution allowed and encouraged). (See App. 5.5)
Laboratory, Radiology and other Diagnostic Services	As ordered by a health plan physician.
Mental Health and Substance Abuse Services	See mental health and substance abuse benefits package and alternative services on following pages.
State Plan EPSDT Services	Provided to all children and young adults up to age 21 years. See Appendix 5.6 for state plan covered services.
Home Health Services	Covered as ordered by a health plan physician.
Dental and Vision Care Services	Comprehensive services provided for individuals up to age 21 years. Adults vision services will be covered for diseases/injuries of the eye. Reconstructive dental surgery only for adults.
FQHC Services, including physician services, services provided by physician assistants, nurse practitioners, clinical psychologists, or social workers and services and supplies as would otherwise be covered if furnished or incident to a physician's services and ancillary services, subject to limitations in the benefits package for services for adults.	Covered if the individual enrolls with a network FQHC provider as his or her primary care provider or, in the case of an individual who elects a primary care provider who is not affiliated with an FQHC, if that provider makes a referral to an FQHC for certain services on a pre-authorized basis. Patients may self-refer to network FQHC dental, vision, obstetrical, mental health and family planning providers, as specified by the State, subject to the limitations of the benefits package.
Short-term skilled, intermediate nursing care, and hospice services	Up to 30 days of skilled and intermediate nursing facility care is covered when ordered by a health plan physician and used as a step down from acute care. Hospice services with authorization by a health plan physician.
Services in Institutions for Mental Diseases (IMDs)	Covered for individuals under age 21 or over age 65 as specified in the existing State Plan.
Podiatry Services	Non-routine, medically necessary services with referral by a health plan physician.

Durable Medical Equipment, medical supplies and prosthetic devices.	As needed based on medical necessity with authorization by a health plan physician
Mammograms	One every other year for women over age 40 and every year for women over age 50 , and those who are at risk.
Treatment for Sexual Violence (Rape), Child Abuse, and Sexual Abuse	As needed, based on medical necessity with authorization by a health plan physician; mental health services subject to outpatient and inpatient coverage definitions described in this Appendix.

* Descriptions of certain federally-mandated services which must be included within different service groups are identified in appendices and the Bidder's Library.

** Non-physician providers certified and licensed by the State of Oklahoma including nurse practitioners, physician assistants, social workers, licensed marital and family therapists, licensed professional counselors, certified alcohol and drug counselors, licensed dietitians, psychiatric nurse specialists, psychologists and nurse midwives.

MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS PACKAGE AND ALTERNATIVE SERVICES

Mental Health and Substance Abuse Benefits Package

npatient Treatment	Inpatient hospital care requiring twenty-four (24) hour supervision as a result of acute psychiatric illness or medical detoxification for substance abuse. Includes professional staff, under the direction of a physician, providing comprehensive care based on a treatment plan (on documentation of need) in a specialized behavioral health care unit in a hospital.
Outpatient treatment for individuals with psychiatric, substance abuse and/or domestic violence problems.	<p>Individual Counseling: A therapeutic session with an individual conducted in accordance with a documented treatment plan focusing on treating his/her predetermined problem.</p> <p>Group Counseling: A therapeutic session with a group of individuals conducted in accordance with a documented treatment plan focusing on treating his/her predetermined problem.</p> <p>Family/Marital Counseling: A therapeutic session with family members/couples conducted in accordance with a documented treatment plan focusing on treating family/marital problems and goals.</p>
Residential Treatment (restrictive)	Supervised 24-hour care in conjunction with an intensive treatment program for pregnant women and children with psychiatric problems who require more intensive care than outpatient treatment. Services shall include a minimum of 21 hours per week of therapeutic services to include but not limited to: individual counseling, group and family counseling, social/recreational activities, crisis stabilization, client advocacy and linkage to community resources.

Partial Hospitalization	A time-limited, active treatment program that offers therapeutically intensive, coordinated, and structured clinical services within a stable therapeutic milieu. The program purpose is to provide intensive daily goal directed treatment to individuals experiencing acute symptoms or decompensating clinical conditions that severely impair their capacity to function adequately on a day-to-day basis, and who may be at risk of inpatient treatment without the daily program. The program is normally provided at least six hours per day, five days a week. Treatment offered may include but need not be limited to: individual and group counseling; medication evaluation; family therapy; communication skills training; assertiveness training; stress management; problem solving techniques; and adjunctive therapeutic activities such as occupation therapy.
Outpatient Crisis Intervention	An unanticipated, unscheduled emergency intervention requiring prompt action to resolve immediate, overwhelming problems that severely impair the individual's ability to function or maintain in the community. Must be available 24 hours a day with the ability to provide face-to-face intervention to include but not limited to: 24 hour assessment, evaluation and stabilization; access to inpatient treatment; diagnosis and evaluation in external settings, such as jails and general hospitals; and, referral services.
Evaluation and Testing	A formal evaluation to establish problem identification, clinical diagnosis, or diagnostic impression. An evaluation shall include an assessment interview with the client and family, if deemed appropriate; may also include psychological testing, scaling of the severity of each problem identified for treatment; and/or, pertinent collaborative information. The evaluation will determine an appropriate course of assistance which will be reflected in the treatment plan.

Alternative Services

Services described below may be provided **as** alternatives to services described above in the mental health benefits package when, in the opinion of the Contractor, they are appropriate treatments in light of the condition of a patient and they are more cost effective than services required in the benefits package. However, Contractor will not be required to provide these alternative services should it choose not to do so. Alternative services will apply towards the mental health risk control threshold. The following alternative services are authorized for Title XIX recipients:

- 1. Medically Supervised Detoxification
- 2. Community Based Structured Crisis Care
- 3. Partial Hospitalization Program
- 4. Psychosocial Rehabilitation
- 5. Homebased Services for Children and Families
- 6. Rehabilitative Case Management

MEDICALLY SUPERVISED DETOXIFICATION:

Non-hospital-based detoxification services for intoxicated clients who are withdrawing from alcohol and/or other drugs, and who are assessed **as** currently not experiencing any apparent medical or neurological symptoms that could require hospitalization. Services are provided under the direction of a licensed physician who is on-call **24** hours a day and a licensed registered nurse who directly supervises each detoxification protocol.

COMMUNITY BASED STRUCTURED **CRISIS** CARE:

Crisis stabilization consists of emergency psychiatric and substance abuse services for the resolution of crisis situations provided behavioral health care setting. Crisis stabilization includes the ability to provide a protective environment, basic supportive care, medical assessment and treatment and referral services.

Contractor may utilize mobile outreach/crisis intervention in crisis stabilization. Mobile outreach/crisis intervention is intervention with individuals and their families in their residence or natural setting in response to an emerging crisis. Interventions consist of comprehensive outpatient services including: evaluation/assessment; crisis intervention treatment, medications, advocacy and linkage following stabilization to other less intense levels of care in an outpatient setting.

Contractor may also utilize respite care in crisis stabilization. Respite care is a service provided to children or adults and their families to defuse a crisis situation and prevent hospitalization. The service is short term and time limited (not to exceed **72** hours) with qualified mental health professionals and paraprofessionals working with the identified client and the family separately to calm the situation and conflict. The identified client or the family may be asked to leave the situation until the crisis is in hand.

DAY TREATMENT:

A therapeutic, structured, comprehensive program designed to improve or maintain a client's life management skills and ability to function in the community. The program is usually offered on a scheduled basis, a minimum of 3 hours per day at least **3** days a week.

PSYCHOSOCIAL REHABILITATION SERVICES:

Therapeutic day program which is normally open at least three days per week, six hours per day. Programs are designed to assist participants in obtaining or developing the skills, resources, abilities, and support systems necessary to maintain or establish self sufficiency in the community. Participants shall be given the opportunity to be involved in all functions of the program including administration, intake and , orientation of new participants, outreach, hiring and training of staff, advocacy and evaluation of program effectiveness. The program offers social, and daily living activities provided within the structure of a work-ordered day. The work-ordered day consists of participants and staff working side by side in the running of the program to assist participants regain self-worth, purpose and confidence.

HOMEBASED SERVICES TO CHILDREN AND FAMILIES:

Intensive therapy and support services to families of children with acute psychiatric problems for the purpose of preventing the child’s removal from the home to more restrictive care. Homebased services involve a range of services of which the majority are delivered in the client’s home or in other natural settings in the community. Homebased services should be scheduled as the needs of each family dictates, taking into account the fact such services must often be offered during evening and weekend hours. In addition, homebased services may be available on an emergency basis to all families participating in the program. Services to be provided may include but are not limited to: 24 hour crisis intervention with homebased families; individual and family counseling; parent education and training on behavior management; social skills development; daily living skills training; and developing client access to community resources.

REHABILITATIVE CASE MANAGEMENT SERVICES:

The process of providing direction and coordinating learning opportunities, in accordance with documented service plans jointly developed by the client and provider, on behalf of the client. The focus of these activities shall include, but is not limited to, money management, personal hygiene, work adjustment skills, housekeeping tasks, use of transportation, use of medication, meal planning and preparation, and utilization of other community resources. The assistance also includes supporting, supplementing, intervening and linking the client with appropriate service components.

(The following procedures and/or services are not required to be provided by Contractor. Contractor may, at its option, provide these benefits to its SoonerCare members, except items F & G, which are prohibited by Federal law):

- A.** Non-emergency services that are not authorized by the Primary Care Physician
- B.** Services that are not considered to be medically necessary by Contractor, pursuant to the definition of Medically Necessary Service in Section 1.33, and subject to adjudication by the State under the Grievance and Appeals procedures described in Section 2.16.
- C.** Medical services **for** which the member declines to authorize release of information without which Contractor cannot make a determination of medical necessity
- D.** Organ transplants which are not pre-approved **by** the Health Plan
- E.** Fertility treatments and services related to conception by artificial means, including artificial insemination, in vitro fertilization and embryo transfers or reversal of voluntary, surgically-induced sterility
- F.** Sterilization procedures for persons under 21 years of age, mentally incompetent, or institutionalized individuals (prohibited by Federal law)
- G.** Sterilization procedures for persons **21** years of age or older without proper consent forms (will be supplied by **OHCA**)
- H.** Procedures, services and supplies related to sex transformation
- I.** Supportive devices **for** the feet (orthotics) for adults
- J.** Cosmetic surgery, except when medically necessary
- K.** Over the Counter (OTC) drugs, medicines and supplies
- L.** Experimental or investigative procedures, drugs or therapies
- M.** Non-state Plan Title XIX services for adults
- N.** Dental services **for** adults, except reconstructive surgery when medically necessary
- O.** Vision care and services for adults, except services treating diseases or injuries to the eye

WRAPAROUND SERVICES (FEE-FOR-SERVICE)

Service Description
Mental health and substance abuse "wraparound" services
Long-Term care services after 30th day
Non-state plan EPSDT services
Emergency transportation services
Non-emergency transportation services
School-based and Early Intervention services ordered through an IEP or IFSP

Attachment G

Non-State Plan benefits

Diagnosis and treatment for conditions identified during an **EPSDT** screening must be provided if they are allowable under the Federal Regulations. These services must be medically necessary to ameliorate or correct defects and physical and mental illnesses or conditions.

Listed below are these services which the Contractor must coordinate (and which will be paid on a fee for service basis):

- Physical therapy
- Occupational therapy
- Speech/language pathology and audiology
- Respiratory therapy
- Private duty nursing services